

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Principles

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hubbell, William, Hale, ,

Mailing Address 2000 Island Blvd  
Apt. 2201

City  
Aventura

State  
FL

Zip Code  
33160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2021

Transaction ID : SA11AI.8312

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kutell, Harriet, , ,

Mailing Address 5825 Collins Ave  
Apt 11F

City

Miami Beach

State  
FL

Zip Code  
33140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2021

Transaction ID : SA11AI.8314

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosen, Jeffrey, H., ,

Mailing Address 6000 Island Blvd  
Unit 1401

City

Aventura

State  
FL

Zip Code  
33160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Triangle Financial Services

Occupation (for Individual)

Owner/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2021

Transaction ID : SA11AI.8297

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

8000.00

TOTAL This Period (last page this line number only).....▶